### STATE OF NEW HAMPSHIRE

### 2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

|                                       | 1  | 2 1 . /                   | 110.11 1-  | , har                         |
|---------------------------------------|--|---------------------------|--|-------------------------------|
| I. Name of Lobbyis                    | t(s)   | sourcy / I                | Hex Koutr  | subas_                        |
| II. Name of lobbyist                  | t's partnership, firm (                        | or corporation, if any    | y:   |                               |
|                                       | ennehy & B                                     |                           |  |                               |
| ,                                     | ame of partnership, firm of                    |                           | rd NILL 02201  |                               |
|                                       | Street)  | (Town/City)               | rd, NH 03301   | (Zip Code)                    |
| •                                     | 28-1601  |                           | ` ,  | (Esp 60 <b>00</b> )           |
| (Telephone)                           |  | (Fax)                     | e-mail   |                               |
|                                       | covers: (Choose one –<br>transactions which ar |                           |  | ay file a separate report for |
| All reportable tra                    | insactions occurring in                        | the months prior to th    | e reporting date relative to t                           | he following client:          |
| <b>y</b> `                            |  |                           | etwork In  |                               |
|                                       | (Full Name of Client                           | as it appears on the Lobi | oyist Registration Form)                                 |                               |
| OR All reportable trai                | nsactions by the lobbyi                        | st (including the lobby   | vist's family) or the lobbyin                            | g firm listed below which are |
| unrelated to any part                 | •  | or (meraamg are 1000)     | , ist is runningly, or the receipm                       | g                             |
| IV. Date of Report                    | April 25, 2018<br>ivity from date of registro  |                           | July 25, 2018 🗆  | 0                             |
| Reports cover: act                    | October 31, 2018                               |                           | activity from 4/1/18 to 6/30/18 January 30, 2019         | 8                             |
|                                       | activity from 7/1/18 to                        |                           | activity from 10/1/18 to 12/3.                           | 1/18                          |
|                                       | l, complete just this for                      |                           | ransactions made since s<br>Secretary of State's Office, |                               |
| VI. Check if additio                  | nal reports are attach                         | ed:                       |  |                               |
| -                                     | •  |                           | e Addendum A– Fees and E                                 | •                             |
| ☐ If you have paid Expense Reimbursen |  | bursed expenses, you      | must file Addendum B-Re                                  | eport of Honorariums or       |
| •                                     |  | ade political contribut   | ions, you must file Addend                               | um C- Political Contributions |
|                                       |  |                           |  |                               |
| Sworn Statement/A                     | ffirmation by Lobbyis                          | st                        |  |                               |
| I have read RSA 15,                   |  | and RSA 664 and her       | eby swear or affirm that the                             | foregoing information is true |
| and complete to the                   | 56   | and defici.               | 4/24/  | 1.0                           |
| (Signature of lobbyi                  | st)  |                           | (Da  | ite)                          |
| Tim Bo                                | wley   |                           |  | RECEIVED                      |
| (Print Name of lobb                   | yist)  |                           |  | RECEIVED APR 2 5 2018         |
|                                       |  |                           |  | NEW HAMPSHIRE                 |
|                                       |  |                           |  | DEPARTMENT OF STATE           |

# P Ĺ E S E R $\mathbf{N}$

## STATE OF NEW HAMPSHIRE

# **Lobbyists Fees and Expenses**



(RSA Chapter 15:6)

| I. Name of Lobbyist(s) Fouly / Alex  | Koutroubas   |
|--|--|
| II. Name of lobbyist's partnership, firm or corporation, if any:   |  |
| Demely & Bouley LL<br>(Name of partnership, film or corporation)   | <u>C</u>   |
| (Name of partnership, film or corporation)  III. Name of Client Cammunity Support Network to   | ic. Date 04/17/18  |
| IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:   | that are related, directly or indirectly relations, or public relations service  |
| a) Total of all fees received in this reporting period   | a)\$/0,000   |
| b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)   | b) \$  |
| c) Total of all fees received to date (Add lines a and b)  | 0)\$ 10,000  |
| d) Indicate the amount of any such fees that are due, but have not yet been paid   | d) \$  |
| V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of the Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report of any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported. | client and if expenditures are made by<br>may be filed for the lobbyist(s)/firm<br>e aggregate total of all expenses paid<br>expenses; (b) the aggregate total of all<br>le: meals purchased during a busines<br>so than \$10 that is given to the person<br>and with a value of \$25.00 or less); and<br>orting period of greater than \$25.00 for<br>the of greater than \$25, purchase of ser than \$25, but not greater than \$50<br>the expense reimbursement, or political |
| a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.  | a) \$  |
| b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.  | b) \$  |
| c) Total of all itemized expenditures reported in detail in section VI.  | c) \$  |

| d) Total expenses for this reporting period (Add lines a, b and c)   | d) \$                              |
|--|------------------------------------|
| e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report) | e) \$                              |
| f) Total of all expenses year to date  | f) \$                              |
| VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.   | obbying fees during this reporting |
| Paid to:   | Amount:                            |
|  | \$                                 |
|  | \$                                 |
|  | \$                                 |
|  | \$                                 |
|  | \$                                 |
|  | \$                                 |
|  |                                    |
|  |                                    |
|  |                                    |
| Sworn Statement/Affirmation by Lobbyist  |                                    |
| I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm  | n that the foregoing information   |
| is true and complete to the best of my knowledge and belief.   |                                    |
|  | 4/24/18                            |
| (Signature of Jobbyist)  | (Date)                             |
| Jim Bayley   |                                    |
| (Print Name of lobbyist)   |                                    |

# State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

| Name of Lobbying partnership, firm, or corporation: Dennehy & Bouley LLC  |
|---|
| Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client):  Community Support Network Inc.  |
| Date of Report (check one):   |
| April 25, 2018  |
| I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted): |
| Addendum A(s).  |
| Addendum B(s).  |
| Addendum C(s).  |
| I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.  (Signature of lobbyist)  (Date)                      |
| Alex Koutroubas (Print Name of lobbyist)  |